

Inpatient only list

The following list of CPT codes currently appears on the inpatient only list. That is, no payment can be made for these procedures when they are performed in a hospital outpatient department.

We request that the Panel consider whether they should stay on the inpatient only list or if they should not. If not, we ask that the Panel recommend an APC into which it could be placed.

Items to be considered for moving off the "inpatient only" list

CPT/HCPCS Long Descriptor

- 21390 Open treatment of orbital floor blowout fracture; periorbital approach with alloplastic or other implant
- 27216 Percutaneous skeletal fixation of posterior pelvic ring fracture and/or dislocation (includes ilium, sacroiliac joint and/or sacrum)
- 27235 Percutaneous skeletal fixation of femoral fracture, proximal end, neck, undisplaced, mildly displaced, or impacted fracture
- 32201 Pneumonostomy; with percutaneous drainage of abscess or cyst
- 33967 Insertion of intra-aortic balloon assist device including repair of femoral artery, with or without graft
- 47490 Percutaneous cholecystostomy
- 62351 Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy
- 64820 Sympathectomy; digital arteries, each digit
- 92986 Percutaneous balloon valvuloplasty; aortic valve
- 92987 Percutaneous balloon valvuloplasty; mitral valve
- 92990 Percutaneous balloon valvuloplasty; pulmonary valve
- 92997 Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel
- 92998 Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (list separately in addition to code for primary procedure)